Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER SMALL	
FC	OR .	Ţ `	ER FILED		NUMBĘR EXTRA			RATE	FEE	1	RATE	FEE	
BA	ASIC FEE									380.00	OR		760.00
TC	OTAL CLAIMS		20	minus 2	20=	*			X\$ 9=		OR	X\$18=	
	DEPENDENT CL		3	minus	, 3 =	*		1	X39=		OR	X78=	
MU	JLTIPLE DEPEN			+130=		OR	+260=						
* If	the difference	in colu	less than ze	L	TOTAL	380	OR	TOTAL	760.				
_	c	(Colu	umn 1)	MENDED	(C	Column 2)	(Column 3)		SMALL		OR	OTHER SMALL E	THAN
IENT A		REM/	AIMS IAINING FTER NDMENT		HIGHEST NUMBEF PREVIOUS PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* ENTATIO	OF MI	Minus	PEND		=		X39=		OR	X78=	
_	FINOI FILESE	NIAGO	N OF WIL	JLIIPLE DE.	'EINL	ENI CLAIN			+130=		OR	+260=	
								L	TOTAL ADDIT. FEE		1,,, '	TOTAL ADDIT. FEE	
			umn 1)			Column 2)	(Column 3)		.DUII. 1			(DDII. I EEE	
AENT B	A	REMA AF	AIMS IAINING TER IDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	*		Minus	***		=		X39=		OR	X78=	
	PINOI FREDE	NIAIIC.	N OF IVIC	LIPLEDER	,FND:	ENT CLAIIVI			+130=		OR	+260=	
								A	TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
_			umn 1)				(Column 3)						
MENT C		REMA AFT	AIMS AINING TER IDMENT		PRE	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ᅩᅡ		*		Minus	**		=		X\$ 9=		OR	X\$18=	,
AM		*	1	Minus	***		=	1	X39=			X78=	
	FIRST PRESEN	NTATIO	N OF MU	LTIPLE DEP	END	ENT CLAIM		+			OR		
* If	f the entry in colum	nn 1 is le	ess than the	e entry in colur	mn 2, ·	write "0" in col-	umn 3	L.,	+130=		OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													



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NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS TION SHEET WITH YOUR RESPONSE.

ŧ		Total Fe	e Calcula	ation			;
· ·	Fee Code	Total # Claims	Number Extra	x	F⇔	Fee =	Total
	Sm./Lg.		·		Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101	÷'			· .		760
Total Claims >20	203/103	20 -20)=	x			
Independent Claims >3	202/102	<u> </u>	=	x			
Mult. Dep Claim Present	204/104				· · ·		
Surcharge	205/105			`.			130
English Translation	139						
TO TAL FEE CALCU	LATION						870
Fees due upon filing	the applicat	ion:					
Total Filing Fees Du	ıe = S	890)				
Less Filing Fees Sul	omitted -	s_				·.	
BALANCE DUE	·-	s_890		1		·	

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 5/97)